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TO: Examiner Chuong T. Ho
Group Art Unit 2664

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

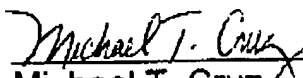
USER ID: 8084

CLIENT: 1772

MATTER: 16102US01

Number of Pages This Transmission (Including Cover Page): **14**

I hereby certify that the attached correspondence, including a PTO transmittal form (1 page), a PTO fee transmittal (1 page, in duplicate), a petition for a one-month extension of time (1 page, in duplicate) and an amendment (8 pages), is being sent via facsimile transmission to the United States Patent and Trademark Office on June 28, 2006.


Michael T. Cruz
Reg. No. 44,636

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TRANSMITTAL FORM		Application Number		09/873,316			
(to be used for all correspondence after initial filing)		Filing Date		June 5, 2001			
		First Named Inventor		L.J. Botha			
		Art Unit		2664			
		Examiner Name		Chuong T. Ho			
Total Number of Pages in This Submission		13		Attorney Docket Number		16102US01	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (8 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
Remarks		Fee Transmittal Form (1 Page) and Extension of Time Request (1 Page) are filed in Duplicate.					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm	McAndrews Held & Malloy, Ltd.						
Signature	<i>Michael T. Cruz</i>						
Printed Name	Michael T. Cruz						
Date	June 28, 2006						
CERTIFICATE OF FAX TRANSMITTAL							
I hereby certify that this correspondence is being sent via facsimile transmission to Examiner Chuong T. Ho at the United States Patent and Trademark Office, fax No. 571 273 8300, on June 28, 2006.							
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44.636				
Signature	<i>Michael T. Cruz</i>		Date	June 28, 2006			

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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete If Known			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/873,318		
		Filing Date	June 5, 2001		
		First Named Inventor	Louis Jacobus Botha		
		Examiner Name	Chuong T. Ho		
		Art Unit	2684		
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.	16102US01		
METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)					
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
	FILING FEES		SEARCH FEES	EXAMINATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200
Design	200	100	100	50	130
Plant	200	100	300	150	160
Reissue	300	150	500	250	600
Provisional	200	100	0	0	0
					Small Entity
					Fee (\$)
					Fee (\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent					50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent					200
Multiple dependent claims					360
					Multiple Dependent Claims
					Fee
					Fee Paid (\$)
2. EXCESS CLAIM FEES Fee Description					
Total Claims <u> </u> Extra Claims <u> </u> Fee (\$) <u> </u> Fee Paid (\$) <u> </u>					
HP = highest number of total claims paid for, if greater than 20					
Indep. Claims <u> </u> Extra Claims <u> </u> Fee (\$) <u> </u> Fee Paid (\$) <u> </u>					
HP = highest number of independent claims paid for, if greater than 3					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets <u> </u> Extra Sheets <u> </u> Number of each additional 50 or fraction thereof <u> </u> Fee (\$) <u> </u> Fee Paid (\$) <u> </u>					
-100 /50 (round up to a whole number) x					
					Fee Paid (\$)
4. OTHER FEE(S)					
Non-English Specification, \$130 fee (no small entity discount)					
Other: <u>Petition for One-Month Extension of Time (\$120)</u>					120.00
SUBMITTED BY					
Signature	<u>Michael T. Cruz</u>		Registration No. (Attorney/Agent)	44,636	Telephone (312) 775-8000
Name (print/type)	Michael T. Cruz		Date	June 28, 2006	